MEDICAL UNIVERSITY OF LUBLIN
Faculty of Medicine
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# STUDENT'S SUMMER CLERKSHIP CARD MEDICINE

……..……
(Student's name and surname)

……..
(Index No.)

……..
(academic year)

**III**
(year of study)

After III year of studies students are required to complete a 4-week (120 hours) summer clerkship at Internal Diseases Clinic or Ward. A 6-hour work day applies.

1. **The aim of the summer clerkship** is to acquaint a student with the full domain of activities connected with functioning of Internal Diseases Ward.
2. The function of the summer clerkship supervisor responsible for carrying out of the summer clerkship program is performed by a physician authorized by the head of the unit.
3. The Unit organizing the summer clerkship / Person authorized by the Head of the Unit organizing the summer clerkship, credits the summer clerkship by placing an appropriate entry **in the student's summer clerkship card.** The condition for completing the summer clerkship is achieving the assumed learning outcomes by the student.

……
……
(Name and address of the place where the summer clerkship is carried out/Institution stamp)

| No. | SCOPE OF ACTIVITIES/LEARNING OUTCOMES | Date, signature and stamp of the supervisor |
|---|---|---|
| 1. | Knows the organization of Internal Medicine Ward (Clinic) and organizational connection of the Ward (Clinic) with open medical care. | |
| 2. | Improves of the skill of physical examination. | |
| 3. | Knows the principles of giving first aid (the resuscitation). | |
| 4. | Develops the skill of recognizing and differentiating the basic individual diseases with special regard of severe cases. | |
| 5. | Knows the proper interpretation of laboratory, radiological, and pathomorphologic results. | |
| 6. | Participates in medical visits. | |
| 7. | Performs procedures applied in everyday medical practice (intravenous injections, putting patients on a drips, catheterizing, etc.). | |
| 8. | Takes the material for diagnostic examinations. | |
| 9. | During the four - week practice student is obliged to do two twenty-four-hour duties. During the duty the student accompanies the doctor in all medical activities (accepting patients at admission room, performing the necessary interventions for saving lives, participation in afternoon medical visits). | |

Comments

I certify that the student completed the summer clerkship at Internal Diseases Clinic or Ward

between .....and .....

……
(signature of the head of the unit organizing the summer clerkship / Person authorized by the head of the unit organizing the summer clerkship)